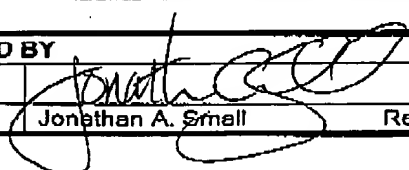


FEE TRANSMITTAL		Complete if known	
		Application Number	09/558,925
		Filing Date	04/26/2000
		First named Inventor	John Albert Kembel
		Examiner Name	J. E. Avellino
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2143
TOTAL AMOUNT OF PAYMENT	(\$) 65.00	Attorney Docket No.	10351-0007

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card (Form PTO-2038 submitted herewith)
<input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account:	Number: _____ Account name: _____
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Credit any overpayments
<input type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 C.F.R. 1.16 and 1.17	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	

Fee Calculation							
1. Basic Filing, Search, and Examination Fees							
	Filing Fee		Search Fee		Examination Fee		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	00.00
Design	200	100	100	50	130	65	00.00
Plant	200	100	300	150	160	80	00.00
RCE	790	395					00.00
Provisional	200	100					00.00
2. EXCESS CLAIM FEES							
					Fee (\$)	Small Entity Fee (\$)	
Each claim over 20 (including Reissues)					50	25	
Each independent claim over 3 (including Reissues)					200	100	
Multiple dependent claims					360	180	
Total Claims		Extra claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
	- 20 =		X	=	Fee (\$)	Fee Paid (\$)	
	- 3 =		X	=		\$00.00	
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets, the application size fee is \$250 (\$125 for small entity) for each additional 50 sheets or fractions thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s)							
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	
	- 100		/50		X	= \$00.00	
4. OTHER FEE(S)							
Non-English Specification (\$130)					Fee Paid	\$00.00	
Other - Fee for Filing Terminal Disclaimer pursuant to 37 C.F.R. 1.20(d)					Fee Paid	\$65.00	

SUBMITTED BY			
Signature:			Telephone: 650-941-4470
Name:	Jonathan A. Small	Registration no. 32, 631	Date: December 21, 2007